Philosophy of Change
Taliah Lamar-Herring
The University of Georgia
Philosophy of Change

Major Assumptions about Change

Some changes within the family are reciprocal interactions with the main goal being to maintain a homeostatic state (Bigner & Gerhardt, 2013). Everyone experiences psychosocial changes during their lifespan, also seen in a family setting. A systemic family perspective acknowledges that every member is undergoing fluctuations in their lives, as well as affecting how and when additional members experience changes. Understanding that humans are interactive and highly reactive allows for a greater understanding of the relationships within families and how these relationships, in turn, influence the encounters within the system. The family system’s need for homeostasis can be seen as a contradictory statement in regards to the necessity of adaptability in times of change.

The need to remain the same is best explained by the crucial necessity for stability. According to Maslow’s Hierarchy of Needs, stability is part of the second tier on the pyramid, right after food, water, and shelter (Marker, 2003). Too much change can be detrimental to a family system, but at the same time change is inevitable. How does one balance this idea? When members in a family are able to understand their personal changes as well as acknowledge that others are going through their own stages of development, then they will be able to use their transformation in a complementary form, helping others meet the needs of their different stages of growth. For example, “The provision of appropriate parental care assists children in achieving the particular psychosocial attitude that they are mastering at a particular developmental point. The children, in turn, provide the parents with the opportunity to provide care. Thus children assist their parents in mastering their sense of generativity” (Bigner & Gerhardt, 2013, p. 67).

Some life changes are easier to perceive in the presence of a professional. Once the
family system begins to understand how their changes are interrelated, then they will begin to break unhealthy communication cycles that have landed them in the therapy room. During therapy sessions the therapist can easily act as a mediator when the family begins to become hostile, or the therapist can reel them back in when the conversation has veered into a direction that is not supportive or relevant to the group. When at least one person has the ability to accept that change is needed and current solutions to the problem are not working, the system is stepping in the right direction. The first interview with the family is key to the entire operation. In this moment, the therapist must be able to build an alliance with the family, gaining their attention and trust. The alliance is achieved by being “passionately present, responsive, creative, and flexible” to the family’s needs (Simon, 2012). This is also a time for the therapist to learn about the family’s structure in order to create a plan of action. Creating a plan lets the family know what to expect and gives a round about timeline for progression. The plan is a major component in gaining the trust of the family. If there is no trust then there is no disclosure of personal information, thus inhibiting change.

Families can only change if they truly want to. The concept of the client being the major agent of change is fairly new. Motivation, awareness, expectations, and preparation of the client are what contribute to the success of therapy (Sprenkle, Davis, & Lebow, 2009, p. 46). It is vital that the family comes to the sessions looking to create a change and are motivated to do so. The more they work to revamp their family structure, the shorter their action plan. The family stays in one section of the action plan longer than hoped or expected when there is lack of effort and great resistance to change. The lack of movement lengthens the action plan. The therapy continues once the family leaves the room through homework assignments for individuals and
even to the family as a system. Homework allows the family to incorporate and maintain the new skills and ideals that are created in therapy (Dattilio, 2011).

Self of Therapist

Based on the level of experience that I currently have, I feel that I will work best with people who exhibit similar characteristics to myself. I assume that working with families or individuals who have a similar upbringing, reside in similar communities, and have a similar socioeconomic status as I do will make it easier to relate and create action plans. I will be more comfortable with these groups of people because I have more knowledge on their culture, beliefs, and values. What I may know, or think I may know, about these family systems can also be socially constructed. There is just as much variety within cultures as there are between cultures. For example, I may assume that a woman has the same hatred of cat-calling as I do, but she may find it liberating and helps boost her self-esteem. Knowing that people are diverse does not stop one from making swift generalizations during first encounters. I am sure there will be several instances where I make incorrect assumptions about the client.

I do not believe I will work well with close-minded individuals. I am not worried too much about cultural differences because this can be adapted over time, I am more concerned about my lack of understanding those who are not open to a change of ideals. There has been so much social change in this world, I find it hard to believe that people are against it. My educational background allows me to understand the concept of social construction. It is hard for many to believe that the reason they perceive the world the way they do is because society says they should. If I can successfully teach my clients the idea of social construction then they can begin to understand that some of their beliefs do not have to be concrete. This viscous form of thinking creates the perfect platform for change.
The strongest influence of my upbringing is the educational system. I have been going to school my entire life and I believe the system is what will affect my work with my clients the most. Beiten and his colleagues (2008) said it best, “Students may be learning and living with those ‘not like themselves’, which creates a number of opportunities to explore the dialectical process of discovering and appreciating both differences and commonalities among students across dimensions such as race, culture, religion, gender, and sexual orientation. The challenge becomes creating and maintaining an environment in which students can openly explore these issues and their impact in both personal and professional arenas” (p. 242). Throughout my career as a student I have encountered others from different countries, those who have spoken various languages, and others who practice diverse forms of religion. I have been exposed to a very diverse world but I have not been taught how to appropriately interact and learn from those who are different than I am. There are several ways to be inquisitive about someone’s culture with or without insulting them; I have experienced both through trial and error. Students are taught to have faith that their educational system will teach them all they need to be prepared in dealing with vast circumstances. Going into a Marriage and Family Therapy Master’s program, I trust that they will supply a baseline to deal with an array of cultural situations.

As an agent of change, I expect my work to resonate throughout every aspect of my life. Already, I notice that I analyze others’ relationships and communication patterns more than I used to. As an amateur Marriage and Family therapist I can imagine that the measure of my clients’ success will affect me. After a successful therapy session I will feel proud and strong. After a tough one or one that I may count as a failure, I know that I will be down on myself. It will be hard not to take it personally when a family does not seem to be changing. I will have to remind myself that people do not fail, ideas and processes do.
Goals

Families and couples seek therapy for child intervention purposes, discontinuing infidelity, anxiety relief, and support for a host of mental and emotional disorders. The truth is, the majority of families enter therapy looking to create surface changes like increasing communication or decreasing anxiety attacks. The goals of the client seem to be simple in comparison to their actual underlying needs, decided uniformly by the client and the therapist. The therapist uses their insight to create an environment that allows the client to be exposed to their true, second order needs. When going through the therapy process they learn of the underlying causes of the surface problems. From the beginning, the therapist is able to create hypotheses on the second order changes that need to occur in order for the first order changes to disappear.

After the first session the therapist should be able to create a series of goals that is shaped to the client or family system. The ultimate goal of therapy, no matter which approach is used, is to change the system. This can be done by increasing we-ness, creating a stable hierarchy through a complementarity of roles, and shaping flexible boundaries.

We-ness or wholeness is the sense of cohesion that the family shares. “Sharing a sense of “we” can contribute to … feelings of togetherness and inform their understanding of how they are going forward together” (Rogers-de Jong, 2014, p. 369). Understanding the concept of the family working as a system, with its members affecting each other in a bidirectional manner, helps in promoting that shared sense. The significance of attaining we-ness is the impact of unity that results. When a family system becomes united there is an increase in efficient communication, allowing its members to feel significant. Acting in a cycle, this significance increases the communication.
A stable hierarchy is pertinent when it comes to family systems. This is depicted with the parental or spousal subsystem at the top and the children underneath. The parents must remain at the top of the food chain, so to speak, in order to create rules, boundaries, and discipline effectively. When the hierarchy is flipped, the children feel that they can create or even break rules that are set in place because they are seen as the subsystem in charge. The flipped structure is ineffective because, depending on their life stage, children do not have the capacity to create rules based on thoughts of the future, only the here and now. In order to create a stable hierarchy the roles of family members must be complementary.

Roles must become reciprocal, forming a feeling of interdependence between members of the family unit. Each member will see their role as being equally vital to the functioning of the system. The acceptance of interconnectivity creates a stronger bond of loyalty. In this sense, the family becomes a team with the goal being the formation of stability and support for all of its members. Creating a stable hierarchy through a complementarity of roles goes hand-in-hand with shaping flexible boundaries for the family system.

The boundaries are to be well defined but flexible, allowing for change in times of crises when necessary. The multidirectionality of the family system allows for each members experiences to be changed as a result of the structural alterations. The flexibility and stable structure of the family system is going to convey a functional pattern. This functionality is also dependent on members’ interdependency. The reciprocity or balance of roles gives each member a strong sense of their own position within the family system and creates an environment where trust is not optional.

Case Study
The client is the Johnson Family from a suburb in Georgia. The family consists of the mom, Sarah (48), the dad, Andrew (48), and four children, May (33), Taylor (29), Daisy (24), and Tiffany (20). Tiffany makes the initial call and provides the identified patient as the father, Andrew. Andrew recently returned from a narcotics rehabilitation center and is working on coping with his addiction. According to Tiffany, Sarah is not very supportive in his efforts of recovery and is constantly making him feel less than. May and Daisy have mixed emotions about Andrew because of their past relationships, or lack thereof. Tiffany does not know how Taylor feels because they do not have a lot of contact.

The entire family attends the intervention. On the surface, it seems that everyone pin points the start of all stress with Andrew and his addiction. Andrew, still very sensitive and lost, is not reluctant to accept the blame. The other person, unsurprisingly, that is pinned as the problem is Sarah. The children express their frustration about how she is very unemotional and unsupportive. They also describe her as a ‘negative Nancy’. They think that if she were to try harder at helping her life partner/best friend through his tough times of addiction, then he will be able to increase his idea of self-worth, diminishing his struggle with addiction. Sarah immediately becomes defensive and shuts down, exclaiming how they believe she is a bad mother.

Sarah thinks that the stress of all of her problems is Daisy. Daisy recently lost her job and has made some bad financial decisions. For years, Sarah has wanted Daisy to either move back home so that she can save money, go back to school and get an education, or enlist into the military. She sees Daisy as lazy and incompetent, constantly wanting a handout and never looking to do any work.
Daisy and May believe that Sarah treats Tiffany as the favorite. Daisy thinks that Tiffany was able to do a lot more extra-curricular activities growing up and is increasingly financially supported. May also agrees that Tiffany has been privileged growing up. On the surface, they are fully supportive of Tiffany and all her accomplishments. They do not blame her for the placed favoritism.

Throughout the first session, Taylor is not very responsive and seems to revert. She listens to everyone’s opinions but does not respond or add her own. When questioned for her opinion the other siblings insert their thoughts about Taylor. They believe that she has been sheltered her entire life because of her epilepsy. Tiffany believes their parents have treated Taylor like a child and restricted her abilities to thrive, creating an adolescent stuck in a 28 year olds body.

The boundaries between the parents and the children is very rigid, not allowing much communication or emotional support to happen. There seems to be a lot of strained, unproductive communication that passes between Sarah and Andrew. May, Daisy, and Tiffany are very close while Taylor experiences the position of outcast. This could be because she is still at home or because of her inability to relate. The have created a detouring coalition with Taylor, focusing on micromanaging her day-to-day life instead of focusing on their own marital discord. The hierarchy seems to be intact and is maintained through a sense of respect for their positions. Tiffany attempts to create an emotional cutoff by ceasing most of her communication with her parents. Families are determined by the patterns they follow. When anyone expresses their thoughts or feelings towards Sarah and her behavior, she immediately becomes defensive and shuts down by stating, “I guess”. This statement discontinues all conversation on the topic. So far, this is the only pattern that has become apparent after the first session.
Theoretical Framework

My ideals about change align most with Family Systems Therapy (FST) and Symbolic-Experiential Family Therapy (S-EFT). FST “attempts to assess the family’s emotional system, past and present, through a series of evaluation interviews and measurement techniques before intervening therapeutically” (Goldenberg & Goldenberg, Family Systems Therapy, 2013, p. 221). I like this approach because it recognizes the reciprocal nature of relationships, especially within a family. It relinquishes the blame from one person (the identified patient) to the patterns that are harvested. The patterns that are seen are created by subsystems looking to renounce feelings of anxiety. The main goal, after analyzing the repeating patterns of the past and present family, is to increase a basic differentiation of the self with each family member; thus, creating a healthy sense of independence and cohesion.

This perspective brings me to believe that each person is raised with a certain level of anxiety that was placed onto them because of their role within their family of origin. People portray that role into their current family settings which perpetuates a certain type of family structure, creating various combinations of boundaries, subsystems, and communication patterns. Based on FST, the only way to unearth that information is through a road map of the family’s emotional system. Creating this roadmap, the genogram, can be therapeutic in itself. Discovering the multigenerational patterns and influences of past family systems makes it easier to understand the patterns in one’s current family because they tend to repeat. FST brings me to believe that once patterns are resurfaced they can be changed by restructuring past unpleasant experiences.

My major assumptions about change are reflected in two main facets of FST. The reciprocal nature of interactions is the first that I would point out. Family members affect each
other in a multilateral sense. One member may be facing an event that they feel is only affecting them, but the way they interact with the other family members because of that event affects them all. The other is the importance placed on the structure of the family itself. This includes the flexibility, the communication patterns, the hierarchy, and the subsystem, along with others.

Symbolic- Experiential Family Therapy is a multigenerational approach allowing the use of some unconventional methods. This gives me room to try different, somewhat bizarre techniques I feel will work best for a particular family or client. This form of therapy engages the entire family system from beginning to end, which I thoroughly appreciate. It is not helpful to say that the family is a system functioning off of reciprocity if members are left out of the process. S-EFT focuses on encouraging family members to develop their own resources, thus creating a greater differentiation of self. My ideals align most with the establishment of therapeutic goals. Goals are essential in therapy, allowing everyone involved to understand what it is they are working towards.

**Major Interventions**

Intervention is a process used to interrupt, and eventually dissolve, unwanted behaviors through the consistent use of various techniques. Change in families happens through the reciprocal exchange looking to maintain homeostasis. This can only take place when each member understands their personal changes while acknowledging the changes taking place in others. Ultimately, the family decides if, when, and how they change. This is one of the major components that needs to be clearly stated and understood at the beginning of the session.

Realistically, I will not be providing services to one type of cookie cutter client or family system. In order to deal with the family affectively I must understand the cultural context in
which they live using a gender-sensitive and culture-sensitive approach. This will take into account the idea that not all members in a family system hold equal power and control over the interactions that occur within the family, as well as not discriminating against previously underserved culture groups. During the initial phone call I will try to gather as much information as I can on the family’s demographics. Obtaining this information, I will do further research on any types of oppression this particular group may be experiencing across the age groups identified within their family. Of course, this may not be encompassing or even true for their family. For example, not all black families experience blatant racism or are even aware of systematic oppression. I will bring my notes as well as some prepared questions to the first session, making sure to prod for more information on their beliefs. Simultaneously, the group will be working on their family stories for their genograms (Goldenberg & Goldenberg, Gender, Culture, and Ethnicity in Family Functioning, 2013, pp. 67, 77).

After reviewing the various genograms, pointing out similarities and discussing differences, the next intervention technique will go along with the S-EFT model. I will use another therapist during the sessions to make sure that I do not get caught up in the family’s destructive patterns. Also, we will be able to model more efficient communication patterns for the family to repeat. Families tend to enter the therapy room with an identified patient, someone they have decided is to blame for all of their troubles. We will remove this concept and place the blame on the family system, allowing them to share the responsibility and increasing the accountability for each of its members. For example, in our case study, Andrew is the identified patient. After creating an understanding of a family system and its reciprocal nature, the family should eventually move away from the idea that “It is all Dad’s fault” to “We have to make a system change to relieve the symptoms portrayed through Dad”. The main caveat of S-EFT is to
stimulate a symbolic context and use that to create symbolic experiences that amplify assumed roles. Interacting with members as their symbolic self makes them aware of their perceived position in the family.

I do have some concerns about my approach. Sessions usually last around an hour, not allotting substantial time for each individual to create a genogram. Also, the children will have similar genograms. I am not sure if this repetition is necessary. I do know they may perceive boundaries and/or interactions differently. Examining those differences may be promising.
References


